

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09/527026 FILING DATE 3/16/00  
APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52	/					
3		/					53	/					
4		/					54	/					
5		/					55	/					
6		/					56	/					
7		/					57	/					
8	/						58	/					
9		/					59	/					
10		/					60	/					
11		/					61	/					
12		/					62	/					
13		/					63	/					
14		/					64	/					
15		/					65	/					
16		/					66	/					
17	/	/					67	/					
18	/	/					68	/					
19		/					69						
20		/					70						
21	/						71						
22	/						72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27	/						77						
28		/					78						
29	/						79						
30		/					80						
31		/					81						
32		/					82						
33		/					83						
34		/					84						
35		/					85						
36		/					86						
37	/						87						
38		/					88						
39		/					89						
40	/						90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47	/						97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	56						TOTAL DEP.						
TOTAL CLAIMS	68						TOTAL CLAIMS						